

HRSIC FAX CERTIFICATION SHEET

Traveler Information

Traveler's Name: (Last, First, MI) _____

SSN: _____ TONO: _____

UNIT APPROVING OFFICER'S REVIEW

Unit: _____ Number of Pages: (incl cover): _____ Date: _____

AO's Rank/Name: _____ Phone: _____ Fax: _____

Answer questions 1-17

- | | Yes | NO | N/A |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|--------------------------|
| 1. Are blocks 1-11 of the Travel Voucher complete? | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were there any Government Advances taken (Do not include traveler Gov't CC)? | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If a Government Advance was taken, is it listed in block 10? | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the City/County, Per Diem area where TAD was authorized listed in block 15b? | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have foreign exchange rates been converted to U.S. Currency on DD1351-2? | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Excluding room service, movies, etc, what was the DAILY room cost plus tax, when charged for each hotel receipt change in lodging rate? | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Dates: _____ Dates: _____ Dates: _____

Daily Room Cost _____ Daily Room Cost _____ Daily Room Cost _____

Daily Room Tax _____ Daily Room Tax _____ Daily Room Tax _____

TOTAL COST: _____ TOTAL COST: _____ TOTAL COST: _____

- | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|--------------------------|
| 7. Was Actual Expense (AEA) for lodging authorized in the orders or by amendment? | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did traveler share a room with another traveler or 2 nd person? | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do the dates on the lodging receipt match the dates listed in block 15? (see *note) | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If POV was driven, are blocks 15f and 16 completed? | 10 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. If a transportation ticket was purchased by traveler, is it listed in block 18? | 11 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. If a rental car is claimed, it is authorized in the Orders? (see *note) | 12 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does the amount claimed for rental car include only daily charge and applicable tax (i.e. no upgrades, insurance or other additional charges)? | 13 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are all fuel purchases for the rental vehicle listed separately in block 18? | 14 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do all reimbursable expenses claimed in block 18, \$75.00 or greater, have a receipt | 15 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Was there travel to any locations not directed by the orders? (see *note) | 16 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are all required signatures on the travel voucher, orders and amendments? | 17 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***NOTE:** Use block 23 of the travel voucher to explain any circumstances that may seem questionable. Also, amendments are required for any stops or reimbursements not authorized on the original orders.

UAO Authorization: I have reviewed, approved and/or disapproved this travel voucher

Unit Approving Officer's Signature: _____ Date: _____

Upon completion, fax this certification to HRSIC along with; Original Orders, DD-1352-2 (Aug 97).
AO shall maintain original documents for auditing purposes.

HRSIC fax numbers: (785) 339-3775, 3780